

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 OCT 17 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048064

1. Corporation Name

Total Recovery of
South Florida, Inc.

700023911527
10/17/03--01075--025 **750.00

2. Principal Office Address

5722 S. Flamingo Rd

Suite, Apt. #, etc.

#274

3. Mailing Office Address

5722 S. Flamingo Rd

Suite, Apt. #, etc.

#274

City & State

Cooper City, FL

City & State

Cooper City, FL

Zip

33330

Country

Brow

Zip

33330

Country

Brow

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0590944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lisa Dimattina

Street Address (P.O. Box Number is Not Acceptable)

1000 S. Dixie Highway

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lisa Dimattina, VP

Date

9/29/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Louis Gustetic	5722 S. Flamingo Rd	Cooper City, FL 33330
V/T	Lisa Dimattina	5722 S. Flamingo Rd	Cooper City, FL 33330

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Lisa Dimattina, VP

Date

9/29/03

Daytime Phone #

954-929-1006